

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket No. 5577-130

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## METHODS, SYSTEMS AND COMPUTER PROGRAM PRODUCTS FOR CENTRALIZED MANAGEMENT OF APPLICATION PROGRAMS ON A NETWORK

the specification of which

☐ is attached hereto

OR

☒ was filed on December 14, 1998 as United States Application No. 09/211,528 or PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

None			<input type="checkbox"/> Yes <input type="checkbox"/> No
Number	Country	MM/DD/YYYY Filed	Priority Claimed
			<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No
Number	Country	MM/DD/YYYY Filed	Priority Claimed

Variable	Mean	SD	Min	Max
Age	35.2	12.5	18	65
Gender	Male	100	0	100
Marital status	Married	100	0	100
Education	High school	100	0	100
Occupation	Manager	100	0	100
Income	1000	200	500	1500
Health status	Good	100	0	100
Smoking	Non-smoker	100	0	100
Alcohol consumption	Non-drinker	100	0	100
Exercise frequency	Weekly	100	0	100
Stress level	Low	100	0	100
Sleep quality	Good	100	0	100
Dietary habits	Healthy	100	0	100
Family size	2	1	1	4
Work hours	40	5	30	50
Commuting time	30	10	15	45
Home ownership	Owner	100	0	100
Neighborhood safety	Safe	100	0	100
Public transportation	Good	100	0	100
Local economy	Strong	100	0	100
Community involvement	Active	100	0	100
Local government efficiency	High	100	0	100
Local culture richness	High	100	0	100
Local infrastructure quality	Good	100	0	100
Local environmental quality	Good	100	0	100
Local social services quality	Good	100	0	100
Local healthcare quality	Good	100	0	100
Local education quality	Good	100	0	100
Local entertainment quality	Good	100	0	100
Local shopping quality	Good	100	0	100
Local dining quality	Good	100	0	100
Local recreation quality	Good	100	0	100
Local transportation quality	Good	100	0	100
Local public safety quality	Good	100	0	100
Local government transparency	High	100	0	100
Local government accountability	High	100	0	100
Local government responsiveness	High	100	0	100
Local government efficiency	High	100	0	100
Local government effectiveness	High	100	0	100
Local government integrity	High	100	0	100
Local government honesty	High	100	0	100
Local government fairness	High	100	0	100
Local government openness	High	100	0	100
Local government transparency	High	100	0	100
Local government accountability	High	100	0	100
Local government responsiveness	High	100	0	100
Local government efficiency	High	100	0	100
Local government effectiveness	High	100	0	100
Local government integrity	High	100	0	100
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Local government transparency	High	100	0	100
Local government accountability	High	100	0	100
Local government responsiveness	High	100	0	100
Local government efficiency	High	100	0	100
Local government effectiveness	High	100	0	100
Local government integrity				

None	
Application Number(s)	Filing Date (MM/DD/YYYY)
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None		
Appln. Serial No.	Filing Date	Status Patented/Pending/Abandoned
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Page 2

ENGLISH LANGUAGE DECLARATION CONTINUED

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ENGLISH LANGUAGE DECLARATION CONTINUED

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